



**Volunteer Application Form –
For Volunteers Aged 19+**

Please Return by Fax, Mail, or Drop-Off In Person To:

BBBS Program Assistant
230 Bay St. Victoria BC V9A 3K5
Phone: 250.475.1117 ext. 40 Fax: 250.475.1197
E-mail: main@bbbsvictoria.com
Additional info on our website: www.bbbsvictoria.com

Big Brothers Big Sisters of Victoria supports diversity and welcomes applicants of all race, religion, culture, gender, and sexual orientation.

Personal Information

Name:		Date of Birth: Month/Day/Year	
Gender: (Check One)	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgendered

Current Address/Contact Information

Home Address:		Postal Code:	
Mailing Address (if different):			
Home Phone:		Cell Phone:	
Work Phone:		Do not call at work: <input type="checkbox"/> (check)	
Email:			

You may hear from us with information about BBBS events, newsletter, activity ideas, free tickets, etc. (Big Brothers Big Sisters Victoria does not sell or share your information with other organizations/businesses) However, if you **DO NOT** want to receive any information from us, check here:

Programs of Interest? (Check All) *See our brochure or website for program descriptions*

Community-Based Mentoring:

Aboriginal Mentoring Big Brothers Big Sisters
 Couples Mentoring Big Bunch Club Connect

Site-Based Mentoring: (For Teen Mentoring/Big Buddies, please use application form for Volunteers Aged 15-18 Years)
 In-School Mentoring Go-Girls! Salt Spring Island Mentoring

If you are applying for more than one program, which is your preference? _____

Availability – When Are You Available to Mentor? (Check All)

<input type="checkbox"/> Mon - Fri between 9am-3pm	<input type="checkbox"/> Mon - Fri late afternoon/evening	<input type="checkbox"/> Weekends
Available until:	<input type="checkbox"/> At least 1 Full Year after being Accepted	<input type="checkbox"/> End of School Year (April/May/June?): _____
		<input type="checkbox"/> Also available Next School Year (or plan to be)
Provide any additional info about availability:		



Please Return by Fax, Mail, or Drop-Off In Person To:

BBBS Program Assistant

230 Bay St. Victoria BC V9A 3K5

Phone: 250.475.1117 ext. 40 Fax: 250.475.1197

E-mail: main@bbbsvictoria.com

Additional info on our website: www.bbbsvictoria.com

**Volunteer Application Form –
For Volunteers Aged 19+**

Source of Inquiry (Check One)

- | | | | | |
|--|--|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Website | <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Television |
| <input type="checkbox"/> Referred by current volunteer | <input type="checkbox"/> Alumni | <input type="checkbox"/> Was formerly a Little | | |
| <input type="checkbox"/> Referred by former volunteer | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Info Booth (location): _____ | | <input type="checkbox"/> Special Event: _____ | | |

Cultural Background (Check One)

Your response to the following question is voluntary. Information will be used for statistical purposes only.

- | | | |
|---|---|--|
| <input type="checkbox"/> English Canadian | <input type="checkbox"/> American | <input type="checkbox"/> Middle Eastern Cultures |
| <input type="checkbox"/> French Canadian | <input type="checkbox"/> Asian Cultures | <input type="checkbox"/> East Indian |
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> African Cultures | <input type="checkbox"/> European |
| <input type="checkbox"/> Métis | <input type="checkbox"/> Latin, Central, South American | <input type="checkbox"/> Other: |

Languages Spoken:
(in addition to English)

Employment Information

Employment Status (Check One):

- | | | |
|--|--|---|
| <input type="checkbox"/> Employed, full-time | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Student (Provide School Name): |
| <input type="checkbox"/> Employed, part-time | <input type="checkbox"/> Stay at home parent | |
| <input type="checkbox"/> Employed, self-employed | <input type="checkbox"/> Retired | <input type="checkbox"/> Other: |

Employer Name:

**Length of Current Employment
or Unemployment (Circle One):**

0-6
Months

7-12
Months

13-24
Months

25 Months
or More

Not
Applicable

Occupation/Title:

Education Information

Highest Level of Education (Check One):

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Certificate | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Middle/Junior High School | <input type="checkbox"/> Some Post-Secondary | <input type="checkbox"/> PhD |
| <input type="checkbox"/> High School | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Other: |

Area Studied/Specialty:



Please Return by Fax, Mail, or Drop-Off In Person To:

BBBS Program Assistant

230 Bay St. Victoria BC V9A 3K5

Phone: 250.475.1117 ext. 40 Fax: 250.475.1197

E-mail: main@bbbsvictoria.com

Additional info on our website: www.bbbsvictoria.com

Volunteer Application Form – For Volunteers Aged 19+

Relationship Status (Community-Based Mentoring Programs Only)

Current Relationship Status (Check One):		
<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Dating
<input type="checkbox"/> Common Law	<input type="checkbox"/> Divorced	<input type="checkbox"/> Other:
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	
Partner/Spouse's Name:		
If applying for Couples Mentoring, how long have you and your partner been in a committed relationship?		

Vehicle & Insurance (Community-Based Mentoring Programs Only)

Do you own or have access to a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possibly
Driver's License Number:			
Do you have a minimum of \$2 million liability insurance coverage on the vehicle(s) you will be using while volunteering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
What is the actual liability coverage amount on the vehicle(s) you plan to use?			
*Note: \$2 million liability coverage is recommended as a <i>minimum</i> by most insurance companies. If you currently carry less liability insurance, we strongly encourage you to increase your coverage.			

Media Consent (as we often use photos of Bigs and Littles in our newsletter, to promote programs, etc.)

Should I, _____, become a volunteer with Big Brothers Big Sisters,
(Print Full Name)

I consent to photographs, audio, and/or video recordings of myself as well as my personal circumstances being published for publicity purposes. I waive any claim which I may have against Big Brothers Big Sisters of Victoria arising from the use of such photographs, audio and/or video recordings of myself.

This consent and waiver shall remain in effect for the duration of my involvement with Big Brothers Big Sisters of Victoria unless revoked. I acknowledge it is my responsibility to notify the office if the status of this media release changes.

Signature

Date

Or, if you **DO NOT** want your picture to be used, please check here:



Volunteer Application Form –
For Volunteers Aged 19+

Please Return by Fax, Mail, or Drop-Off In Person To:

BBBS Program Assistant
230 Bay St. Victoria BC V9A 3K5
Phone: 250.475.1117 ext. 40 Fax: 250.475.1197
E-mail: main@bbbsvictoria.com
Additional info on our website: www.bbbsvictoria.com

References

As part of the application process, BBBS Victoria requires reference checks on all applicants. References will receive a brief questionnaire to complete by e-mail, fax, mail, and/or over the phone.

References must be at least 19 years old and have known you for at least 2 years.

If one of your Employer/Volunteer Reference has known you *less than* 2 years, please submit anyway. A character references is anyone other than a family member who knows you well.

Please provide **FULL contact information including postal code**. Providing email addresses is very helpful. Please contact your references to let them know we will be contacting them and please ensure they get back to us.

Current or Previous Employer/Volunteer Reference
(Also acceptable: Professor Reference, Business Partner Reference, Business Client Reference)

Full Name: _____

Work Phone: _____ Cell/Alternate Phone: _____

Address: _____ City, Province: _____

Postal Code: _____ Email: _____

Years Known You: _____ Relationship to You: _____

Family Member

Full Name: _____

Home Phone: _____ Cell/Work Phone: _____

Address: _____ City, Province: _____

Postal Code: _____ Email: _____

Years Known You: _____ Relationship to You: _____

Character Reference

Full Name: _____

Home Phone: _____ Cell/Work Phone: _____

Address: _____ City, Province: _____

Postal Code: _____ Email: _____

Years Known You: _____ Relationship to You: _____

2nd Character Reference

Full Name: _____

Home Phone: _____ Cell/Work Phone: _____

Address: _____ City, Province: _____

Postal Code: _____ Email: _____

Years Known You: _____ Relationship to You: _____



Volunteer Application Form –
For Volunteers Aged 19+

Please Return by Fax, Mail, or Drop-Off In Person To:

BBBS Program Assistant
230 Bay St. Victoria BC V9A 3K5
Phone: 250.475.1117 ext. 40 Fax: 250.475.1197
E-mail: main@bbbsvictoria.com
Additional info on our website: www.bbbsvictoria.com

Permission and Release Form

I hereby authorize Big Brothers and Big Sisters of Victoria to contact any or all of the references that I have provided herein, as well as any references I may provide at will in the future (such as a medical reference, should I be asked for one), for the purposes of processing my application to become a volunteer in the Agency’s program. I understand that these references will be contacted in confidence. I hereby waive the right to request disclosure of the personal references given about me.

I acknowledge and accept that this application does not guarantee acceptance into the program, and that Big Brothers Big Sisters of Victoria is under no obligation to accept or assign me as a volunteer in their programs, and is not obligated to provide a reason.

If my application to volunteer is approved, I will abide by the job description and/or code of conduct related to my volunteer position. I also agree to abide by the confidentiality guidelines of the Agency.

I also give permission for the Agency to release pertinent information regarding my file to the child’s parent (for community-based program) or the child’s school (or school-based programs) in the process of match selection. Further, I agree to allow my file to be viewed by an Agency Reviewer for Big Brothers Sisters of Canada, at the time of the agency review, should it be requested. I further grant Big Brothers Big Sisters of Victoria permission to release my name, date of birth, address, agency applied to and notice of acceptance or rejection to Big Brothers Sisters of Canada and for pertinent facts related to my status to be shared within the movement, but not outside of it.

I understand that this application and subsequent information in my file is the property of Big Brothers Big Sisters of Victoria and that if the Agency closes, my complete file becomes the property of Big Brothers Big Sisters of Canada. I understand that the information in my file will be retained for a period ending 75 years after the close of my final match.

I hereby release and forever discharge Big Brothers Big Sisters of Victoria, and their employees, directors and volunteers from any cause of action or claim for damages, whether bodily injury, death, property damage, or emotional trauma, anxiety or distress arising from my association with the Agency.

The implications of this waiver are clear to me and I have had the opportunity to seek clarification if I should choose to. I understand and consent to this waiver and agree that it, as well as my application, has been made of my own free will and without duress.

Signature of Applicant: _____ **Date:** _____

Printed Name: _____

Note: Release to share information with individuals outside the BBBS movement will expire within one year of the above date.

FOR OFFICE USE:
Date Received (Month/Day/Year): _____ Received By (initials): _____